	DECLARATION FOr tence to PCT Internal	OR PATENT APPLICATION AN cional Applications)	D POWER OF ATTORNEY	ATTORNEY'S DOCKET NUMBER		
As a below nar	ned inventor, I hereby	declare that:				
My reside	ence, post office addres	s and citizenship are as stated below	next to my name.			
			s listed below) or an original, first and on the for which a patent is sought on the			
KAPPA A	KAPPA AGONISTS, ESPECIALLY FOR THE TREATMENT AND/OR PROPHYLAXIS OF IRRITABLE BOWEL					
the specif	ication of which (check	only one item below):	-			
	is attached hereto.					
	was filed as United S	tates application				
	Serial No.		V			
	on			•		
	and was amended					
. '	on (if app	licable).	•			
⊠	was filed as PCT inte	rnational application				
·	Number PCT/EP200	4/006630				
	on <u>18.06.2004</u> ,					
	and was amended und	ler PCT Article 19				
	on (if app	licable).				
	state that I have review by any amendment refe		above-identified specification, includ	ling the claims, as		
continuati	ion-in-part applications		atentability as defined in 37 CFR § 1 available between the filing date of the a-part application.			
applicatio applicatio below any one count applicatio	on(s) and of any foreign on(s) designating at lease of foreign application(s) ry other than the United on(s) of which priority in	an application(s) for patent or invert one country other than the United S for patent or inventor's certificate or a States of America filed by me on the s claimed:	19 or 365 (b) of the following United ntor's certificate or 365(a) of any 1 States of America listed below and harmy PCT international application(s) d same subject matter having a filing dat	PCT international ave also identified lesignating at least e before that of the		
	OVISIONAL AND FORE	T	PRIORITY CLAIMS UNDER 35 U.S.C. DATE OF FILING	119: PRIORITY CLAIMED		
	r, indicate "PCT")	APPLICATION NUMBER	(day, month, year) 11.07.2003	UNDER 35 USC 119		
Germany		103 51 723.0	11.07.2005	YES NO		
				YES NO		
				YES NO		
				YES NO		
			m Millen (19,544); John L. White (17,7			
Zelano (27,96 Traverso (30, J. Branigan (4	9); Alan E.J. Branigan (595); John A. Sopp (33, 10,921); Robert E. McC	20,565); John R. Moses (24,983); Har 103); Richard M. Lebovitz (37,067); Ja	ry B. Shubin (32,004); Brion P. Heane ames E. Ruland (37,432); Nancy Axelr (7,451); and Csaba Henter (50,908) to p	y (32,542); Richard J. od (44,014); Jennifer		
Send Correspo	ondence to:Customer No	. 23599 Telephone N 703/243-6		ect Telephone Calls to:		

23599

PATENT TRADEMARK OFFICE

Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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		STREET	CITY	STATE & ZIP CODE/COUNTRY
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		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
İ	FULL NAME OF INVENTOR	· · · · · · · · · · · · · · · · · · ·	The division of	
2				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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	ADDRESS			·
 		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
1	FULL NAME OF INVENTOR	PAMIET NAME	TROT GIVEN NAME	SECOND GIVEN WANTE
2				-
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	CITIZENSHIP	<u> </u>		
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	·	·	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
_	OF INVENTOR			İ
2		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	l Gir	STATE OR FOREIGN COUNTRY	COUNTRY OF CHIZENSMIP
7				
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS			
	L			

Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

FULL NAME OF INVENTOR	FAMILY NAME .	FIRST GIVEN NAME	SECOND GIVEN NAME	
RESIDENCE & CITY CITIZENSHIP		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY	
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	STREET .	CITY	STATE & ZIP CODE/COUNTRY	
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POST OFFICE ADDRESS	STREET	CITY .	STATE & ZIP CODE/COUNTRY .	
FULL NAME · OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	5. NOV 2005	SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR POLISHER 2	5. NOV 2005	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF ONVENTOR 203	_{дате} 5. NOV 2005	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204	DATE 2 5. NOV 2005	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE